



## TRANSMITTAL FORM

Attorney Docket No.  
**BP1413-CON**  
**945C-RCE**In re the application of **Michael C. LEWIS**Confirmation No: **1314**Serial No: **09/589,573**Group Art Unit: **2671**Filed: **June 7, 2000**Examiner: **Nguyen, K.**For: **METHOD AND SYSTEM FOR PROVIDING EDGE ANTIALIASING**

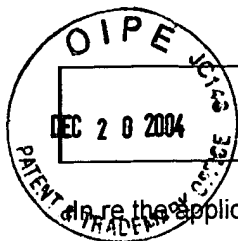
| ENCLOSURES (check all that apply) |                                     |  |  |                                     |   |
|-----------------------------------|-------------------------------------|--|--|-------------------------------------|---|
| <input type="checkbox"/>          | Amendment/Reply                     | <input type="checkbox"/>   | Assignment and Recordation Cover Sheet           | <input type="checkbox"/>            | After Allowance Communication to Group      |
| <input type="checkbox"/>          | After Final                         | <input checked="" type="checkbox"/>  | Part B-Issue Fee Transmittal                     | <input type="checkbox"/>            | Notice of Appeal                            |
| <input type="checkbox"/>          | Information disclosure statement    | <input checked="" type="checkbox"/>  | Letter to Draftsman                              | <input type="checkbox"/>            | Appeal Brief (in triplicate)                |
| <input type="checkbox"/>          | Form 1449                           | <input checked="" type="checkbox"/>  | 6 Sheets Formal Drawings                         | <input type="checkbox"/>            | Status Letter                               |
| <input type="checkbox"/>          | (X) Copies of References            | <input type="checkbox"/>   | Petition   | <input checked="" type="checkbox"/> | Postcard                                    |
| <input type="checkbox"/>          | Extension of Time Request *         | <input type="checkbox"/>   | Fee Address Indication Form                      | <input type="checkbox"/>            | Other Enclosure(s) (please identify below): |
| <input type="checkbox"/>          | Express Abandonment                 | <input type="checkbox"/>   | Terminal Disclaimer                              |                                     |   |
| <input type="checkbox"/>          | Certified Copy of Priority Doc      | <input type="checkbox"/>   | Power of Attorney and Revocation of Prior Powers |                                     |   |
| <input type="checkbox"/>          | Response to Incomplete Appln        | <input type="checkbox"/>   | Change of Correspondence Address                 |                                     |   |
| <input type="checkbox"/>          | Response to Missing Parts           | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to . |  |                                     |   |
| <input type="checkbox"/>          | Executed Declaration by Inventor(s) |  |  |                                     |   |

| CLAIMS             |                                  |   |              |          |         |
|--------------------|----------------------------------|---|--------------|----------|---------|
| FOR                | Claims Remaining After Amendment | Highest # of Claims Previously Paid For | Extra Claims | RATE     | FEE     |
| Total Claims       | 12                               | 16                                      | 0            | \$ 50.00 | \$ 0.00 |
| Independent Claims | 2                                | 4                                       | 0            | \$200.00 | \$ 0.00 |
| Total Fees         |                                  |   |              |          | \$ 0.00 |

| METHOD OF PAYMENT                   |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Check no. <u>8207</u> in the amount of \$ <u>1415.00</u> is enclosed for payment of fees.<br>Issue Fee \$1400.00; Patent Copies \$15.00 |
| <input checked="" type="checkbox"/> | Charge any additional fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group LLP)                       |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
| Attorney Name                              | Joseph A. Sawyer, Jr., Reg. No. 30,801 |
| Signature                                  |  |
| Date                                       | December 14, 2004                      |

| CERTIFICATE OF MAILING   |                |
|--|----------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 14, 2004 |                |
| Type or printed name   | Irena Nikolova |
| Signature  |                |

**LETTER TO DRAFTSMAN**

Attorney Docket No.

**BP1413-CON****945C-RCE**In re the application **Michael C. LEWIS**Confirmation No: **1314**Serial No: **09/589,573**Group Art Unit: **2671**Filed: **June 7, 2000**Examiner: **Nguyen, K.**For: **METHOD AND SYSTEM FOR PROVIDING EDGE ANTIALIASING**

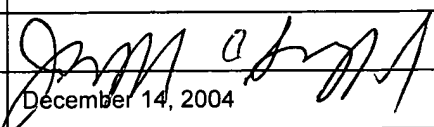
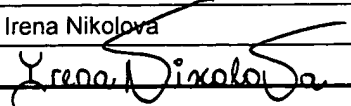
Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**LETTER TO DRAFTSMAN REGARDING DRAWINGS**

Sir:

Pursuant to the Notice of Allowability for the above-captioned application dated September 15, 2004, enclosed herewith are six (6) sheets of formal drawings.

If there are any questions regarding the foregoing, please contact the undersigned at the below listed telephone.

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT   |   |
|--|---|
| Attorney Name  | Joseph A. Sawyer, Jr., Reg. No. 30,801 (650) 493-4549                               |
| Signature  |  |
| Date   | December 14, 2004   |
| CERTIFICATE OF MAILING   |   |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 14, 2004 |   |
| Type or printed name   | Irena Nikolova  |
| Signature  |  |